

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/592024

FILING DATE

9.7.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4		2		1		
5		1				
6						
7						
8						
9						
10						
11						
12	1		1			
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23	1		1			
24						
25						
26						
27						
28		2				
29		1				
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49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	32	←		←
TOTAL CLAIMS			35			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						